Covid-19 Social Study

Results Release 40

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The project has also benefitted from funding from UK Research and Innovation and the Wellcome Trust. The researchers are grateful for the support of a number of organisations with their recruitment efforts including: the UKRI Mental Health Networks, Find Out Now, UCL BioResource, HealthWise Wales, SEO Works, FieldworkHub, and Optimal Workshop.
Executive summary

Background
This report provides data from the last 84 weeks of the UK Covid-19 Social Study run by University College London: a panel study of over 70,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

In this FORTIETH report, we focus on psychological responses to the first eighty-four weeks since just before the first UK lockdown was announced (21/03/2020 to 31/10/2021). We present simple descriptive results on the experiences of adults in the UK. Measures include:

1. Reported compliance with government guidelines and confidence in the government
2. Mental health including depression, anxiety and stress
3. Harm including thoughts of death or self-harm, self-harm and both psychological & physical abuse
4. Psychological and social wellbeing including life satisfaction, loneliness and happiness
5. ***New in this report*** Sense of control and changes in financial situation

This study is not representative of the UK population but instead was designed to have good stratification across a wide range of socio-demographic factors enabling meaningful subgroup analyses to understand the experience of Covid-19 for different groups within society. Data are weighted using auxiliary weights to the national census and Office for National Statistics (ONS) data. Full methods and demographics for the sample included in this report are reported in the Appendix and at www.COVIDSocialStudy.org.

Findings
- There is evidence that the pandemic is widening socioeconomic inequalities. Those who were struggling financially before the pandemic have consistently been more than twice as likely to say they are worse off than those who were living comfortably (assessed in June and November 2020 and October 2021). The proportion of people who were finding it difficult before the pandemic who have reported being worse off has also been increasing over the past year and a half (50% in June 2020, 55% in November 2020, and 55% currently).
- Further, people living comfortably before the pandemic have consistently been the least likely to report that things had got worse (20% in June 2020, 18% in November 2020, and 19% currently). This group was also the most likely to say they were now much better off (6% in June 2020, 7% in November 2020, and 7% currently).
- These widening financial disparities are a cause for concern. Throughout the course of the pandemic, people with low household income (<£30,000 per year) have consistently reported higher levels of depression and anxiety symptoms and loneliness, and lower levels of life satisfaction and happiness. A greater proportion of this group have also reported worries about finances and being able to access sufficient food, thoughts of death or self-harm, self-harm behaviour, and being physically or psychologically abused.
- Only around 1 in 3 people (35%) say they currently feel "very much" or "entirely" in control of their future plans, although this was an increase from 26% in October 2020. Young adults (ages 18-29) feel the least in control of this aspect of their lives (35%, compared to 31% of adults ages 30-59 and 20% of older adults).
- Compared to a year ago, there have been no substantial changes in the proportion of people who feel a sense of control over their finances (63% vs 64% in 2020), mental health (54% vs 53% in 2020), and family relationships (67% vs 68% in 2020).
- The proportion of people concerned about catching or becoming seriously ill from Covid-19 has been increasing somewhat over the past several months and is now similar to what it was in February 2021, at 34%. A greater proportion of women and people with a physical or mental health diagnosis continue to be more worried about catching or becoming seriously ill from Covid-19.
- Confidence in government to handle the pandemic remains lower in England than in Wales and Scotland, as it has been since the end of April 2020. Levels of confidence have been decreasing in England over the past six months and are now similar to what they were in autumn 2020.
- Compliance with Covid-19 guidelines is at an all-time low. Although majority compliance has been reported by just over 8 in 10 (84%) people in the last month, complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) had been decreasing since the start of the new year and now appears to have levelled off over the past two months, at around 32%. 

1. Compliance and confidence

1.1 Compliance with guidelines

Majority compliance has continued to decline since the easing of restrictions for the latest lockdown and is now lower than what it has been since the start of the pandemic.

Majority compliance has been reported by just over 8 in 10 (84%) people in the last month, with consistent patterns since the beginning of the year present in all major demographic groups (Figures 2m-2x). Young adults are reporting the lowest levels of majority compliance as they have over the course of the pandemic.

Complete compliance (i.e., following rules and recommendations with no bending or even minor infringements) had been decreasing since the start of the new year and now appears to have levelled off over the past two months, at around 32%.

This means that only around one third of participants reported that they are still following the guidelines to the letter. Across demographic groups, patterns of complete compliance remain as they have been since the start of the year, with compliance lower in higher income households, amongst young adults, amongst keyworkers, in urban areas, amongst men, and amongst people in good physical health.

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Footnote: 2 Figures for ethnicity sub-groups are analysed by month rather than by week for the duration of the study to maximise sample size.
1.2 Confidence in government

Respondents were asked how much confidence they had in the government to handle the Covid-19 pandemic from 1 (not at all) to 7 (lots). People living in devolved nations were asked to report their confidence in their own devolved governments.

Confidence in government to handle the Covid-19 pandemic remains lower in England than devolved nations. Levels of confidence have been decreasing somewhat in England over the past six months and are now similar to what they were in autumn 2020.

For subgroup analyses in Figures 4a-d and 4f-h, we restrict our results to respondents living in England in order to have sufficient sample sizes for meaningful subgroup analyses. In England, confidence in government is still lowest in those under the age of 30. Confidence also remains lower in urban areas, amongst people from ethnic minority groups, in people with a mental health diagnosis, people with higher household incomes, and amongst people with higher educational qualifications.

*Figures for Northern Ireland have now been removed from our daily tracker graphs due to a small sample size that makes extrapolation even with statistical weighting unreliable. These data are being analysed in other papers and reports.*
2. Mental Health

2.1 Depression and anxiety

Respondents were asked about depression levels during the past week using the Patient Health Questionnaire (PHQ-9) and anxiety using the Generalised Anxiety Disorder assessment (GAD-7); standard instruments for screening for depression and anxiety in primary care. There are 9 and 7 items respectively with 4-point responses ranging from “not at all” to “nearly every day”, with higher overall scores indicating more symptoms. Scores higher than 10 can indicate major depression or moderate anxiety.

Depression and anxiety symptoms generally decreased from the end of February 2021 to mid-summer but have been stable over the past several months. Notably, levels are lower than last autumn when lockdowns were underway.

Although this study focuses on trajectories rather than prevalence, the levels overall remain higher than the averages usually reported with these same scales (2.7-3.2 for anxiety and 2.7-3.7 for depression1).

Depression and anxiety are still highest in young adults, people with lower household income, people living with children, those living in urban areas, women, people from ethnic minority groups, and those with a physical health diagnosis. People with a mental health diagnosis continue to report higher levels of depression and anxiety symptoms (as might be expected) (see Figures 6d and 7d). None of these differences appears to be narrowing as the pandemic continues.


NB in the absence of identified directly comparable prevalence estimates in the UK, these studies look at prevalence in the US in the general population.
2.2 Stress

We asked participants to report which factors were causing them stress in the last week, either minor stress or major stress (which was defined as stress that was constantly on their mind or kept them awake at night).

The proportion of people concerned about catching or becoming seriously ill from Covid-19 has been increasing over the past several months as cases have been rising and is now similar to what it was in February 2021, at 34%. A greater proportion of women and people with a physical or mental health diagnosis continue to be more worried about catching or becoming seriously ill from Covid-19.

Worries about unemployment continue to concern around 1 in 12 people. Unemployment stress has been higher in people under the age of 60, people with a mental health diagnosis, those living with children, keyworkers, in urban areas and amongst people from ethnic minority groups over the last several months.

Worries about finance increased slightly from late summer 2021 to early autumn, but this proportion appears to have levelled off over the past month. More data will be needed to confirm this trend. Concerns about finances remain highest amongst adults of working age (18-59 years), in particular young adults (age 18-29). Financial stress has also been higher amongst people with low household incomes, keyworkers, in urban areas, those with a mental health diagnosis, people living with children, and people from ethnic minority groups.

Worries about being able to access sufficient food increased from mid-summer 2021 to early autumn (in line with problems with food supply), but this trend seems to be stabilising. Nevertheless, the proportion is now similar to what it was at the end of 2020, affecting around 1 in 10 people. Most groups continue to report similar levels of concern about accessing food, although these concerns are higher in people with a mental or physical health diagnosis and people with lower household incomes.
3. Self-harm and abuse

3.1 Thoughts of death or self-harm

Thoughts of death or self-harm are measured using a specific item within the PHQ-9 that asks whether, in the last week, the respondent has had “thoughts that you would be better off dead or of hurting yourself in some way”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated having such thoughts.

The proportion of people reporting thoughts of death or self-harm was relatively stable throughout the pandemic and then decreased slightly throughout the months of May and June 2021. However, this proportion now appears to have been consistent since late summer.

Thoughts of death or self-harm remain higher in adults under the age of 30. People with a mental or physical health diagnosis, people living alone, and those with lower household incomes continue to report thoughts of death or self-harm in greater proportions.
3.2 Self-harm

Self-harm was assessed using a question that asks whether in the last week the respondent has been “self-harming or deliberately hurting yourself”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response that indicated any self-harming.

Self-harm continues to remain relatively stable as it has over the course of the pandemic. Throughout most of the pandemic, self-harm has been higher amongst younger adults, people with lower household incomes, those with a mental health diagnosis, and in those with a physical health diagnosis.

It should be noted that not all people who self-harm will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.
Abuse was measured using two questions that ask if the respondent has experienced in the last week “being physically harmed or hurt by someone else” or “being bullied, controlled, intimidated, or psychologically hurt by someone else”. Responses are on a 4-point scale ranging from “not at all” to “nearly every day”. We focused on any response on either item that indicated any experience of psychological or physical abuse.

Reports of abuse have remained relatively stable over the pandemic. Abuse is more common amongst people with lower household income, in people with a mental or physical health diagnosis, and in people from ethnic minority groups.

It should be noted that not all people who experienced physical or psychological abuse will necessarily report it, so these levels are anticipated to be an under-estimation of actual levels.

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3.3 Abuse

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5 Spikes on particular days are likely due to variability in the data as opposed to indications of particularly adverse experiences on certain days.
4. General well-being

4.1 Life satisfaction

Respondents were asked to rate their life satisfaction during the past week using the Office of National Statistics (ONS) wellbeing scale, which asks respondents about how satisfied they are with their life, using a scale from 0 (not at all) to 10 (completely).

Levels of life satisfaction have stabilised following an increase over the spring and summer 2021. Levels are at an all-time high during the pandemic. However, although this study focuses on trajectories rather than prevalence, the levels of life satisfaction remain slightly lower than usual reported averages using the same scale (7.7)\(^6\).

People living alone, young adults, those with a mental health diagnosis, those with lower household incomes, people living in urban areas, people with a physical health diagnosis, and those from ethnic minority groups (although smaller sample sizes compared to people with white ethnicity mean there has been greater volatility in these data) continue to report lower levels of life satisfaction. Notably, the gap in life satisfaction between older and younger adults appears to be increasing, with older adults reporting substantially higher levels than other age groups.

Figure 20a Life satisfaction by age groups

Figure 20b Life satisfaction by living arrangement

Figure 20c Life satisfaction by household income

Figure 20d Life satisfaction by mental health diagnosis
4.2 Loneliness

Respondents were asked about levels of loneliness using the 3-item UCLA-3 loneliness, a short form of the Revised UCLA Loneliness Scale (UCLA-R). Each item is rated with a 3-point scale, ranging from “never” to “always”, with higher scores indicating greater loneliness.

Loneliness levels decreased slightly from the beginning of March 2021 to late summer, but this trend appears to have levelled off over the past several months. Levels are now slightly lower than what they were in the summer of 2020. Loneliness remains highest in young adults, people living alone, those with a mental or physical health diagnosis, people with lower household income, those living with children, amongst those from ethnic minority groups, women, and those living in urban areas.
4.3 Happiness

Respondents were asked to rate to what extent they felt happy during the past week using the Office for National Statistics (ONS) wellbeing scale on a scale from 0 (not at all) to 10 (completely). Happiness ratings are only available from 21st April 2020 onwards.

Happiness levels generally increased from the end of March 2021 to the beginning of August but have since stabilised. Levels of happiness are now similar to what they were in early summer 2021.

There continue to be differences in reported levels of happiness across demographic groups. Levels of happiness remain lower in adults under the age of 60, people living alone, people with low household incomes, people with a mental or physical health diagnosis, in urban areas, and people from ethnic minority groups.
5. Sense of control

Figure 25 Sense of control in 2020 & 2021

FINDINGS

In October 2020 and then again in October 2021, respondents were asked about how ‘in control’ they felt about various domains of their lives. Each item is rated with a 5-point scale, ranging from “not at all” to “entirely”, with higher scores indicating a greater sense of control.

Compared to in 2020, more people currently report feeling in control (“very much so” or “entirely”) of their future plans (currently 35% vs 26% in 2020), their contribution to others’ welfare and wellbeing (55% vs 51% in 2020), and work (53% vs 50% in 2020). In contrast, fewer people now say that they feel in control of their physical health (48% vs 52% in 2020) and their marriage or close relationship (64% vs 68% in 2020).

No meaningful changes in the proportion of people reporting a sense of control of their finances, mental health, and family relationships were observed.
Despite the increases in feelings of control over future plans compared to a year ago (35% vs 26% in 2020), a similar proportion of people are reporting feeling only a little (36%) in control of their future plans, whilst 29% say they are not at all or not very much in control of this aspect of their lives.

When comparing across age groups, younger adults report feeling less in control of their lives, including their future plans (35% vs 31% of adults ages 30-59 and 20% of older adults), their contributions to the welfare and wellbeing of others (16% vs 14% of adults ages 30-59 and 11% of older adults), marriage or close relationship (27% vs 18% of adults ages 30-59 and 12% of older adults), mental health (27% vs 21% of adults ages 30-59 and 11% of older adults), and finances (19% vs 16% of adults ages 30-59 and 7% of older adults).
Figure 26 Sense of control in 2021 by age group

<table>
<thead>
<tr>
<th>Category</th>
<th>Age 60+</th>
<th>Age 30-59</th>
<th>Age 18-29</th>
</tr>
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<tr>
<td>Future plans</td>
<td></td>
<td></td>
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<tr>
<td>Contribution to others' welfare &amp; wellbeing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Family relationship</td>
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<td></td>
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<tr>
<td>Marriage/die relationship</td>
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<tr>
<td>Mental health</td>
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<tr>
<td>Physical health</td>
<td></td>
<td></td>
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<tr>
<td>Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finances</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Changes in financial situation

Respondents were asked how their financial situation had changed since before the pandemic from “much worse off” to “much better off”. These questions were asked in June and November 2020 and then in September-October 2021. Participants were also asked to report on their financial situation before the pandemic, from “living comfortably” to “finding it very difficult”.

Slightly more people say they are currently worse off financially (28%) than they were before the pandemic, compared to the proportion who say they are now better off (25%). Fewer respondents (47%) currently say they are about the same financially compared to before the pandemic than the 54% who said this in November 2020.

However, clear differences emerged when splitting responses by participants’ reported financial situation before the pandemic. At all three time points, people living comfortably before the pandemic were the least likely to report that things had got worse (20% in June 2020, 18% in November 2020, and 19% currently). This group was also the most likely to say they are now much better off (6% in June 2020, 7% in November 2020, and 7% currently).

In contrast, more than twice as many people who said they had been finding it “very difficult” financially before the pandemic said they were worse off (a little worse off or much worse off) at all three time points compared to those who were living comfortably, and this proportion has been increasing across the pandemic (50% in June 2020, 55% in November 2020, and 55% currently). Just 23% of this group are currently reporting that things had got better (“a little better” or “much better”) (compared to 23% and 14% in July and November 2020, respectively).

A worsening financial position was felt most by people living in the Northeast of England in November 2020, when 30% said they were either much or a little worse off, compared to 35% who said this in July 2020 and 31% who currently say this.

There are suggestions that the pandemic may be widening socioeconomic inequalities. Those who were finding it “very difficult” financially before the pandemic have consistently been more than 10 times as likely to say they are much worse off than those who were living comfortably. Over 2 in 3 (42%) in the former group say they are much worse off now, compared to fewer than 4% who were living comfortably before the pandemic. The
proportion of people who were finding it difficult before the pandemic who are worse off has also been increasing over the past year and a half.
Figure 28a Changes in financial status by previous financial management before COVID-19 crisis (Jun 2020)

Figure 28b Changes in financial status by previous financial management before COVID-19 crisis (Nov 2020)

Figure 28c Changes in financial status by previous financial management before COVID-19 crisis (Sep-Oct 2021)
Figure 28d Changes in financial status by region (Jun 2020)

Figure 28e Changes in financial status by region (Nov 2020)
Figure 28f Changes in financial status by region (Sep-Oct 2021)

Scotland
Wales
London
South East England
South West England
East of England
North West England
West Midlands
East Midlands
Yorkshire and the Humber
North East England

0% 20% 40% 60% 80% 100%

- I’m much worse off
- I’m a little worse off
- I’m about the same
- I’m a little better off
- I’m much better off
Appendix

Methods

The Covid-19 Social Study is a panel study of the psychological and social experiences of adults in the UK during the outbreak of the novel coronavirus run by University College London and funded by the Nuffield Foundation, UKRI and the Wellcome Trust. To date, over 70,000 people have participated in the study, providing baseline socio-demographic and health data as well as answering questions on their mental health and wellbeing, the factors causing them stress, their levels of social interaction and loneliness, their adherence to and trust in government recommendations, and how they are spending their time. The study is not representative of the UK population, but instead it aims to have good representation across all major socio-demographic groups. The study sample has therefore been recruited through a variety of channels including through the media, through targeted advertising by online advertising companies offering pro-bono support to ensure this stratification, and through partnerships with organisations representing vulnerable groups, enabling meaningful subgroup analyses.

Specifically, in the analyses presented here we included adults in the UK. We used new cross-sectional data from individuals as they entered the study and also included weekly longitudinal data as participants received their routine follow-up. In this report, we treated the data as repeated cross-sectional data collected daily from the 21st of March 2020 to the 31st of October 2021 (the latest data available). Aiming at a representative sample of the population, we weighted the data for each day to the proportions of gender, age, ethnicity, education and country of living obtained from the Office for National Statistics (ONS, 2018). Where results for subgroups show volatility, this could be a product of the sample size being smaller so caution in interpreting these results is encouraged.

The study is focusing specifically on the following questions:
1. What are the psychosocial experiences of people in isolation?
2. How do trajectories of mental health and loneliness change over time for people in isolation?
3. Which groups are at greater risk of experiencing adverse effects of isolation than others?
4. How are individuals’ health behaviours being affected?
5. Which activities help to buffer against the potential adverse effects of isolation?

The study has full ethical and data protection approval and is fully GDPR compliant. For further information or to request specific analyses, please contact Dr Daisy Fancourt d.fancourt@ucl.ac.uk. To participate or to sign up for the newsletter and receive monthly updates on the study findings, visit www.COVIDSocialStudy.org

Demographics of respondents included in this report

Table: Demographics of observations from participants in the pooled raw data (unweighted; data are weighted for analyses)
For full demographics weighted to population proportions, see the User Guide at www.covidsocialstudy.org/results

<table>
<thead>
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<th>Age</th>
<th>Number of observations</th>
<th>%</th>
<th>Education levels</th>
<th>Number of observations</th>
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<th>%</th>
<th>Any diagnosed mental health conditions</th>
<th>Number of observations</th>
<th>%</th>
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<td>912,901</td>
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<th>Any diagnosed physical health conditions</th>
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<th>%</th>
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<td>624,498</td>
<td>57.2</td>
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<th>%</th>
<th>Keyworker</th>
<th>Number of observations</th>
<th>%</th>
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<td>66,829</td>
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<td>Not living alone</td>
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<td>21.4</td>
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<th>City/large town/small town</th>
<th>Number of observations</th>
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<td>&lt;30k</td>
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Peer reviewed publications

For readers of this report who are interested in following up some of the findings in more detail, a selected list of articles published in scientific journals that are based on the COVID-19 Social Study is listed below. Readers can access the full listing, including articles published as preprints, on our website www.COVIDSocialStudy.org/results.

https://doi.org/10.1038/s41598-021-97065-1

https://doi.org/10.1007/s00127-021-02105-w

https://doi.org/10.1016/j.puhe.2020.06.036

https://doi.org/10.1192/bjp.2021.44

https://doi.org/10.1016/S2215-0366(20)30482-X

https://doi.org/10.1016/S0140-6736(20)31690-1

https://doi.org/10.1016/j.socscimed.2021.113958

https://doi.org/10.1016/j.drugalcdep.2020.108461

https://doi.org/10.1001/jamanetworkopen.2020.26064

https://doi.org/10.3389/fpsyg.2021.626263

https://doi.org/10.1136/jech-2020-214475

https://doi.org/10.1016/j.lanepe.2021.100061

https://doi.org/10.1136/jech-2020-215598